## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	95 OF	= 269			
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16		17	

Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) The Travelers Companies Inc. Political Action Committee (T-PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rohlfing, James, H,, Date of Receipt Mailing Address 5 Greentree Center 525 Rte 73N Ste 407 15 2017 City Zip Code State Transaction ID: A2017-2038622 NJ Marlton 08053 Amount of Each Receipt this Period FEC ID number of contributing 33.94 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co Associate Managing Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 639.84 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rohlfing, James, H, , Date of Receipt Mailing Address 5 Greentree Center 2017 525 Rte 73N Ste 407 City State Zip Code Transaction ID : A2017-2148101 NJ Marlton 08053 Amount of Each Receipt this Period FEC ID number of contributing 33.94 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co Associate Managing Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 673.78 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Romatis, Mark, A, Date of Receipt Mailing Address 207 Larrabee Road 01 2017 City State Zip Code Transaction ID: A2017-1939389 ME Westbrook 04092 Amount of Each Receipt this Period FEC ID number of contributing 22.74 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Travelers Indemnity Co Mng Underwriting Dir TvEx+ Receipt For: Aggregate Year-to-Date ▼ Primary General 409.32 Other (specify) 90.62 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....